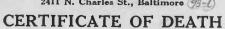
MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)



01974

Rog. Dist. No. 2520

1. PLACE DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn intents give residence of mother) Slate County City or town (If outside city or town limita, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Meta Laula Bar	disce 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Jenuale Whete Sengle	MEDICAL CERTIFICATION 20. Date of Death. Feb 19 19 47 at 10 3%
6.(b) Name of husband or wife 6.(c) If allve, give age years 7. Birth date of deceased (mo. day, vr.) august 6-/886	21. I CERTIFY that death occurred on the date above stated: that I alfended deceased from 19.4.7. and that I last saw h 2.2. alive on 19.4.7.
deceased (mo., day, yr.) Curguest 6 - 1886	Immediate cause of death DURATION
9. Birthplace Touthat & Manyland (Town, county, and state) 10. Usual occupation & etc. &	Die 10. Mypolinam Carelo Utock years
11. Industry or business 12. Name William Lungs Factor 13. Birthplace Carolina Co Maryland	Due to
14. Maiden name Laule Margan Jump 15. Birthplace Dellet Co Maryland	(Include pregnancy within 3 months of death) Major findings of operations
Address Centrevelle Manyland	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal Which?) Cemetery or crematory. Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Centreselle Maryland.	Injured at home, farm, Industry, public place (where?)
Address Chestertan, Ms. 19. Feb. 21-19.47 Elsis Armstrau (Date rec'd by registrar)	23. SIGNATURE A Lay Lon M. D. Grother M. D. Grother M. D. Grother

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

CERTIFICATE OF DEATH

01975 Reg. Diat. No. 2516

1. PLACE OF DEATH: 2	2. USUAL RESIDENCE (HOME) OF DECEASED:
County due of there	(For newborn infants give residence of mother)
(energy blow	State State County Success County
(If outside city or town limits, write RURAL and give nearest town)	nery C. II.
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RUKAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
,	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If voteran, name war
	1
3. (a) FULL NAME	3. (b) Social Security Number
Earl Hart Blacks	2lou -
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white murred	
That I was a second	20. DATE OF DEATH Fab- 1- 1947 at 4337 M
mary E, Slackston	2f. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	21. I CERTIFY That death occurred on the date above stated; that I attended deceased from
	19, to
7 Birth date of	and that I last saw h
deceased (mo., day, yr.) Qcf. 14-1900	Immediate cause of death Thus Man was DURATION
8. AGE: Years Months Days If less than one day	I di anni de Roa de T
46 83 17	down oround - vaccaam,
70 90 min.	
Incer Victe Co Sid	
B. Birthplace(Town, county, and state)	Due to
Former Liborer	***************************************
10. Usual occupation.	Due to.
f1. Industry or business	
12. Name Same TSlacharon Co Md	Dither conditions
3 13. Birtholace ancen and Co Ma	
	(Include pregnancy within 8 months of death)
14. Malden name Severa Lewis 15. Birthplace Md-	
ond-	Major findings of operations.
2 1 15. Birthplace	Date of op.
18 Informant mer 2, Tala excellen	Autopsy results
101 - + + mad	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 20.1 Charles 1114	
- Causial Day 23-47	22. VIOLENCE: If death was due to external causes, fill in the following:
[Burial, cremation, or removal. Which?] Date thereof	Accident, suicide, or homicide. Accident Date of Jeb 1-1947
he e the constant	
Cemetery or crematory	Where did injury occur?
my themale Comes ind	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director Colgan d. of ane	Means of Injury Injured at work?
	W. Hawn Fisher
Address Church THUL ONLY.	W. Hawy Tree of Ender
222 1/2 //2 /	23. SIGNATURE M. D. or other
19. J-12 19.4) Casaca. nave	Be to all hel
(Date rcc'd by registrar) Registrar	Address Date signed 2/2.2.4

MAKERAND EITHER DE SEINE OF SEARTHAIN OF SEA

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VS A15

correct age

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No

County	City or town. (If outside city or town limits, write RURAL and give nearest town) Sireel No. (If rural, give LOCATION) 2.(a) If veteran, name war.
	3. (b) Social Security Number
4. Sex Televale Levelte Bullian 6.(6) Name of husband or wife 7. Birfh date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 82 5 23 hrs. min. 9. Birthplace 10. Usual occupation 11. Industry or business 12. Name Town, county, and state) 13. Birthplace 14. Maiden name. Auxilia and Stack	MEDICAL CERTIFICATION 2D. DATE DF DEATH 21 CERTIFY that death occurred on the date above stated; that! altended deceased from 19.4 and that! last saw h
15. Birthplace Sleye Thicky - The	Major findings of operations. Date of op.
Address Coultwill - M.	Antopsy results
17. (Burlal, cremation, or removal, Which?) Cemetery or crematory. Localion	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Ü	Address Date signed



(M)	correct
	1)	The
			. X.

age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The configuration respectively is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

r d	CERTIFICAT	E OF DEATH	Reg. Dist. No.	2510
1. PLACE OF DEATH: County	and give nearest town)	Street No.	County County town limits, write RURAL and give	
3. (a) FULL NAME	Goodh	end	3. (b) Social Securi	
Female Cohite 5	d, widowed, or divorced	2D. DATE OF DEATH	CAL CERTIFICATION Local Company of the date above stated; that Lattended of	7 at 3 P. M
6.(c) Name of husband or wife		and that Viast saw halive o	19 L to Feel	1947
9. Birthplace Claster Kent Self (Town, county, and state)	min.	Due to Malad	llatatui. Slimii	Served Sea
19. Usual occupation. 11. Industry or business 12. Name	-share	Due to		
13. Birthplace Seat Deland 2.4	Co, Ned	Major findings of operations	y within 3 months of death) Date of op.	
16. Informant Mu Barne Address Serensoell	Legg. What	PHYSICIAN: Please underline the	cause to which death should be charge	
(Burial, cremation, or removal, Which?) Cemetery or crematory	(month) flay) (year)	Where did injury occur?(Cit	y or town) (County) lc place (where?)	(State)
18. Funeral director.	200	Means of Injury	Injured at work?	
19. 2 - 17 19 4.7 Aga	L. Lane	23. SIGNATURE	F /	D, or other

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01978

		25111	
leg.	Dist.	No. & DT	

1. PLACE OF DEATH: County Queen Anne	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Maryland County Queen Anne	
(If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 26 y.r.s	City or town (1f outside city or town) imits, write RURAL and give nearest town)	.0000000
Hospital, Institution, or street address where death occurred:	Sireet No	******
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(o) If veteran, namo war	*******
3. (a) FULL NAME	3. (b) Social Security Number	
Charles Cockey Hiodon	213 -20 -3534	
4. Sox 5. Color or raco 6.(a) Single, married, widows, or divorced	MEDICAL CERTIFICATION	
M W Married	20. DATE OF DEATH. February 7 1947 at //	M
6.(6) Name of husband or wife Laura Bolk Higdon	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	100000 boy 2 19 46, to February 7 19	4.2
7. Birth date of	and that I last saw h. same alive on February 7 19.	17
deceased (mo., day, yr.)		TION
8. AGE: Years Months Days If less than one day	Coronary Thrembesis 10	ay
54 0 26hrsmin.		7
9. Birthplace Queenstown Queen Anne, Md. (Town, county, and state)	Due to.	
10. Usual occupation Waterman		
19. USB21 OCCUPATION	Due to	
11. Industry or business		
12. Name / hamas Edward Hig don	Other conditions	***********
13. Birthplace Toltimore M.	(Include pregnancy within 3 months of death)	
14. Malden name Fannie Carolyn Pring		17.53
	Major fludings of operations.	
15. Birthplace England	Date of op.	*********
16. Informant Mrs. Laura Bella Stig dan	Autopsy results	
Address Queens town M.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or remove Wijchi) Date thereof (monch) (day) (year)	Accident, suicide, or homicide	
Illian Too Links	Where did injury occur? (City or town) (County) (State)	
Cemetery of Crematay		
Location Centrevelle May land	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Backon Taion	Means of Injury Injured at work?	
O. I am Mar O. of	"I. OX.	
Address Electrically Many Kang	23 SIGNATURE William G. Lame M.	0
19 Feb. 10 10 47 Helen naldridge	23. SIGNATURE M. D. or other	
(Date ree'd by registrar)	Address (Cleen Lacen , Ma Date signed Jab 7,	MY7



CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County. diean Cerrie	State Maryland County Queen Cures	
City or town	M	
Huw long in above place of death? about 6 years	City or town	
Hospital, Institution, or street address where death occurred:		
	Street No	
How long In hospital or Institution?	2.(a) If veteran, name war	
3.(a) FULL NAME	3. (b) Social Security Number	
Verginia Wick In	gels une	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Funale white Married	20. DATE OF DEATH F-66 8 1947 21 2 2 74 1	
Nessed A Quales	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
B,(b) Name of husband or wite	6 4 47 E. 1 0 UT	
B.(c) If alive, give age 63 years		
7. Birth date of deceased (mo., day, yr.) December 21- 1890		
8. AGE: Years Months Days It less than one day	Immediate cause of death	
o. Add.	Elemen 3 day	
56 / 18nrsmin.	Corana Oceluson 23 day	
9. Birtholace Managalawa Ohio	Due to At 45 Wt an according to the state of	
(Town, county, and state)	Valseula Renal Dagers 15 year	
1D. Usual occupation.	Due to Benerlised artes School 15 year	
11. Industry or business		
12 Name Charles Justice Week	all and the Cerber enal Vascules Occ 2 years	
12. Name Charles Justice Wish	umer conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Skeline Thornes 15. Birthplace Managetewn Ohio	Major findings of operations.	
\$ 15. Birthplace Gaungstewn Okco	Date of op.	
16. Informant Trawais P. Dugele	Autopsy results.	
ACome Marchand	PHYSICIAN: Please underline the cause to which death should be charged atatistically.	
Address Culturelle Many and	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. (Burial, eremation, or removal, Which?) Date thereof (mongh) (day) (year)	Accident, suicide, or homicide	
(Burial, cremation, or removal, Which?) (month) (day) (year)		
Cemetery or crematory	Where did injury occur?	
Location Centreoute, Maryland.	Injured at home, farm, Industry, public place (where?)	
Bacton Biro	Means of Injury Injured at work?	
18. Funeral director.	nont.	
Address Christmostle. Marylank	23. SIGNATURE () ay con my	
10 2-10 - 1047 Clair Urmetron	M. D. or other	
(Date rec'd by registrar) Registrar	Address Centre ville my Date signed 2 - 8-4/	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Ro

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County VRRM Nnne		
(If outside eit or town limits, write RURAL and give nearest town)	State Mary Jan d County Queen Nane	
How long In above place of death?	(if outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:		
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, namo war	
3. (a) FULL NAME	3. (b) Social Security Number	
Wilfred L. Johnson	216-12-1344	
4. Sex 57 Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
m W giverced	20. DATE OF DEATH F. 6 - 23 19 42 at 8:30 P M	
6.(b) Name of husband or wife Addie Johnson	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
	August 19 46 10 January 19 47	
7. Birth date of 7 - 1 7 -	and that I last saw h.comalire on	
deceased (mo., day, yr.) / 100, 3-18/3	Immediate cause of death DURATION	
8. AGE: Years Months Days If less than one day	Burns, Severe	
73 3 20hrsmin.	A WAY AND ADDRESS OF THE PARTY	
9. Birthplace Milford Delaware	Dye to	
to. Usuat occupationSowyer		
to. Usuat occupation	Due to	
11. Industry or business		
12. Name Geo W. Johnson	Diher conditions	
2 13. Birthplaco Delaware	(Include pregnancy within 8 months of deuth)	
14. Maiden name Emma E. Harris 15. Birthplaco Delaware	Major findings of operations	
\$ 15. Birthplaco Delaware		
16. Informant Mr. George Aldridge Jr.	Autopsy results	
	PHYSICIAN: Flease underline the cause to which death should be charged statistically.	
Address Queenstown, Md	22. VIOLENCE: If death was due to external causes, till in the following:	
(Burial, eremation, or removal, Which?) Date thereof	Accident, suicido, or homicide	
	Where did injury occur? Queens town Queen Ahne Md	
Cemetery or crematory	(City or town) (County) (State)	
Location Vimar - Vialvare	Injured at home, form, industry, public ptaco (where?)	
18. Funeral director Barton Bros.	Means of injury House borned injured at work?	
(+ · · · · · · · · · · · · · · · · · ·	11:00	
Address centreville 13a	23. SIGNATURE. Welles 6 - Frame MD. M. D. or object	
19 February 23,947 Helen M. aldred	1 1 Man Zanam	
(Date rec'd by registrar) Registrar	Address Date signed Address	

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PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/2

CERTIFICATE OF DEATH

01981

Reg. Dist. No. 252

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
- 7/	State Manhand County Que Carrie
Cily or town	City or town (Noutside city or town limits, write RURAL and give nearest town)
How long in above place ot death?	
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 3. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m m masur	20, DATE DE DEATH JEGORIANY 13 19 7 at 6 A. M
A distribution of the land could	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
6.(b) Name of husband or wite	19.4 10 126 3 19.4 7
7. Birth date of	and that I last saw h. Last ve on TES. 12.
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
o. Adz.	Myocardial failure Idays
71 1 1 1 1 1 1	Due to Cardio - NEUCL as Ferio Elevoni
9. Birthplace	Due to Carda a Carda Car
10. Usual occupation	Due to
11. Industry or business	A
12. Name 13. 8irthplace	Dither conditions HESS on Magic CESTER 198ap
13. Birthplace / There Start Alexander	(Include pregnancy within 3 months of death)
置 14. Maiden name	Major findings of operations
15. Birthplace These South Alphe	major nadings of operations. Date of op.
18. Interment Malleaul Frankly	Autopsy results
Address Bullet Que.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Durin 1 11 2-15-40	22. VIOLENCE: It death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Cemetery or crematory	Whate did Injury occur?
Location Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Distant March 7500	Means of Injury Injured at work?
Address / Della Mi	· Aux LEd Erzy 16. X
11 14 17 7	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar)	Address alex & Mar & Male signed 1447



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15	WRITE
VS A15	PLEASE

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State Count City or town (If outside city or town limits, Street No (If rural, give I 2.(a) If veteran, name war	write RURAL and give nearest town)
3. (a) FULL NAME alga Neighbors)	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widghed, or divorced Male white Lucdawed 6.(b) Name of husband or wife Effic Rush Neighborn	2D. DATE OF DEATH	RTIFICATION 19 4 at a stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days tf less than one day 78 5 28hrsmin.	and flat I last eaw h	DURATION
8. Birthplace	Due to	٠٠٠
11. Industry or business Madien Neighbor 12. Name Dreland 13. Birthplace Dreland 14. Malden name Maggie Godd 14. Malden name Maggie Godd 15. Industry or business Madien Neighbor 16. Industry or business Madien Neighbor 17. Industry or business Madien Neighbor 18. Industry or business Madien Neighbor 19. Industry or business Madien Neighbor	Diher conditions	
16. Informant Mus Description Mutables Address Regist Certifically, Mary land	Autopsy results	ch death should be charged statistically.
17 Berrial (Rurial, cremation, or removal, Which?) Cemetery or crematory. Date thereof. Fly 15-47 (month) (day) (year)	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	Date of
Location Saskon Maryland 18. Funeral director Backen Tour	Injured at home, farm, industry, public place (who	
19. 25 - 14 - 19 # 7 Elsie Demetrans (Date rec'd by registrar) Address Culticocle. Many land. Registrar	23. SIGNATURE. M. 3. M. 44. Address.	M. D. or other Date signed MI4 147



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

Reg. Dist. No.

01983

1. PLACE OF DEATHURING COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbord infunity give residence of mother) State State Sounds Sounds			
(If outside city or town limits, write RURA, and give nearest town) How long in above place of death?	City or town(If outside city or town limit	s, write RURAL and give near	rest town)	
How long in hospital or institution?	Street No	e LOCATION)		
3. (a) FULL NAME Minnie M. Smith		3. (b) Social Security I	Number	
1. Sex S. Color or rach (6.(a) Single married, widowed, or divorced	MEDICAL C	ERTIFICATION	1 1631 R.	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above atated: that I attended deceased from			
7. Birth date of deceased (mo., day, yr.)	and that I last saw halive on			
8. AGE: Years Months Days If less than one day	Immediate case of death		Yanga	
9. Birthplace Ches greate Cecil Md. (Town, county, and state)	Due to Clas Industrial	heflute	Severelym	
to. Usual occupation. Housework	Due to arkeit - please	7	9,	
12. Name William Craying 13. Birthplace	Dither conditions			
14. Malden name Catharine Colombia 15. Birthplace	(Include pregnancy within 3			
An NI LAD II				
16. Informant Mus flower to Joseph	Autopsy results			
Address 17. Burial (Burlal, cremation, or removal. Wile) (Burlal, cremation, or removal. Wile) (month) (day) (year)	22. VIOLENCE: If deeth wes due to external ca			
Cemelery or crematory	Where did injury occur?(City or town)	(County)	(State)	
Location Migro Chicagonia lity mil	Injured at home, ferm, industry, public place (v		24.22	
18. Funeral director Character Tellocol	Meana of injury	Injured at work?		
Address Millington Md.	23. SIGNATURE Mundt Bu	M. D.		
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address Millington	1	2/27/4)	

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



Reg. Dist. No. 2130

01984

1. PLACE OF DEATH: County Outer Chester City or town Chester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State County County		
City or town (If outside city or town limits, write RURAL and ove nearest town) How long in above place of death? Rushing the spital, institution, or street address whore death occurred:	City or town. (If outside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) If veleran, name war.		
3. (a) FULL NAME Scarge Thomas	2001 Peteral, Halle Wall Social Security Number 2001		
1. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced Male lo hele Married	MEDICAL CERTIFICATION 30 20. DATE OF DEATH. Febr. 147 947 947 947 947 947 947 947 947 947 9		
B.(b) Name of husband or wife Coco Wiggues Jules 6.(c) If alive, give age 72 years	21.6 CERTIFY that death occurred on the date above stated; that Laffendod deceased from 1947. and that I last saw harmalive on Febr. 1347.		
7. Birth date of deceased (mo., day, yr.) Occessful 27-1872 8. AGE: Years Months Days If less than one day 74 1 18	Immediate cause of death DURATION about		
B. Birthplace. Assure Arendel Co. Mel (Town, county, and state) Wellerman	Duoto Clocomator ataxia)		
11. tndustry or businoss	Due to		
12. Namo Sommer to Mid	Other conditions		
14. Maiden namo Vincetto Whitney 15. Birthplace Samuel Co. M.	Major findings of operations. Date of op.		
Address Chester Maryland	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: tf death was due to external causes, fill in the following:		
(Burlal, cremation, or removal, Which) Date thoroof	Accident, suicide, or homicide		
Location Stevensille Many land	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)		
18. Funoral director Saction Sur	- Sattelupier U.D.		
192, 16 1947 Clyabeth Hoxte	23. SIGNATURE M. D. or other M. D. or other Address Stevens rule Bate signod 2 15 147		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

942

(11985) Reg. Dist. No. 2020

1. PLACE OF DEATH: Queen Anne				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
				state Maryland county Queen Anne		
City or town		Kingstown				
How long in above place of death? 2 years		City or town (If outside city or town limits, write RURAL and give nearest town)				
	or street address where		: 15	Street No.		
			•••••	(If rural, give LOCATION)		
How long in hospital	or Institution?			2.(a) If veteran, name war	***************************************	-1111-1011-00011-0001-001
3. (a) FULL NAM	1E				y Number	
	Wade H.	VanN	ess		227-07-91	65
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	731.7
male	white	M	arried	20. DATE OF DEATH. Feb. 27. 194	719	, 10.30
e (h) Name of husbans	Elore	ntine	G. VanNess	21. I CERTIFY that death occurred on the date above	ve stated; that I attended dec	ceased from
				Feb. 27, 1947	foFeb.27	19449
7 Binth dots of			e) If alive, give ageyears	and that I last saw halive on	b. 27. 1947	19
	yr.) Sept. 2			Immediate cause of death		DURATION
8. AGE: Yea		Days	If less than one day	Coronary #### Thr	ombosis	Several
64		6	hrs min.	Coronary Amiri	***************************************	manths
Q Birtheless W	estmorela	nd Co	· Virginia	Due to		
9. Birthplace		Aterio Sclerosis		Severa		
1D. Usual occupation	District	Mana	ger	Augusta Domina		yrs.
11. Industry or busine	Peoples	Life	Ins. Co.	Due 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
器 12 Name W	illiam H.			Other conditions		***************************************
			o. Virginia	Other Conditions.		***************************************
Cons Nonthum				(Include pregnancy within 3 m	nonths of death)	
質 14. Maiden name. Sara Northum				Major findings of operations	<u>a</u>	
14. Maiden name Sara Northum 15. Birthplace Virginia				None	Date of op	
16. Informant Mrs. Florentine VanNess			VanNess	Antonsy respits		
Address C	hestertow	n. Md	. R.F.D.	PHYSICIAN: Please underline the cause to whi		ed statistically.
				22. VIOLENCE: If death was due to external caus	ses, fill in the following;	
(Burlal, crematio	al	Date there	month) (day) (year)	Accident, suicide, or homicide	one Date of	
Cemetery or crema	tory Onanco	ck Ce	m.	Where did injury occur?(City or town)	(County)	(State)
LocationA	ccamac Co	. Vir	ginia	Injured at home, farm, industry, public place (wh		
	J. Willis	Well	S	Means of Injury	Injured at work?	-
18. Funeral director.	Chesterto	wn, M	d. / /	Cheminartown Md.	Will The	uls 40
	M /-	00	2 Record	23 SIGNATURE	м. В	or other
19. Levid	egistrar) 194	L	ara S. Barnes	Address	Date signer	2.27.41